

Gastric Reflux (GERD/GORD/reflux or acid reflux) in babies and young children

DISCLAIMER: As a parent of four children with Gastro-Oesophageal (Gastric) Reflux I hope to provide some basic information for families struggling with infants suffering this condition. It should be stressed that I am a parent and despite having considerable experience and knowledge of this condition, I have no medical training and you should always consult your Health Visitor, GP or other healthcare professional if you think your child suffers from Reflux. The information below is a guide only, with links to support sites on the Internet and basic suggestions and information.

WHAT is Reflux? (GORD G Gastro O Oesophageal R Reflux D Disease)

Reflux is when the contents of the stomach are regurgitated from the stomach back up into the oesophagus. Normally a muscle tightly closes the stomach unless food or drink is being swallowed, or air released. (Burping) This is to stop the back flow of stomach acid and contents but in people with reflux this sphincter muscle does not function normally. It may be weak or relax inappropriately, sometimes due to food intolerances. This can cause heartburn, a symptom caused by stomach acid irritating the oesophagus. If untreated this acid can cause considerable pain and discomfort, in some cases failure to thrive and in the long term other complications are possible. Babies with reflux often cry incessantly, are difficult to soothe and may or may not vomit back feeds frequently. They often scream suddenly, even when asleep. The emotional stress infant reflux puts on the family can be unbearable. It's heartbreaking for a parent to not be able to help their distressed baby. If you have an infant with reflux, it can be very hard to find information as most available is tailored to adult reflux and it can be very difficult to get members of the medical profession to accept there is a problem.

Common symptoms of Reflux

- Irritability and pain, sometimes screaming suddenly when asleep. Constant or sudden crying or "colic" like symptoms. Babies can be inconsolable especially when laid down flat.
- Poor sleep habits typically with arching their necks and back during or after feeding
- Excessive possetting or vomiting
- Frequent burping or frequent hiccups
- Excessive dribbling or running nose
- Swallowing problems, gagging and choking
- Frequent ear infections or sinus congestion
- Babies are often very windy and extremely difficult to "burp" after feeds, failure to wind them successfully usually means reflux and vomiting is worse
- Refusing feeds or frequent feeds for comfort
- Night time coughing, extreme cases of acid reflux can cause apnoea and respiratory problems such as asthma, bronchitis and pneumonia if stomach contents are inhaled.
- Bad breath – smelling acidic
- Awful nappies, often rancid/acid smelling and loose. Bowel movements can be very frequent or babies can be constipated.

Vomiting feeds

Possetting after a feed is quite normal with most infants. They gain weight, feed well and have no other symptoms, but still this can be upsetting for parents. As the child gets older the lower oesophageal sphincter becomes more competent so the vomiting should begin to show signs of improvement and eventually stop. Some babies suffer more with reflux and about 60% of these babies with persistent reflux may have weight gain issues. It is a very popular misconception though that all babies and children with reflux are underweight. This isn't always the case, some may comfortably eat and feed very frequently and not all are sick. Many doctors will tell you babies outgrow reflux once they can sit up, or once they stand. Many do, some will not only fail to outgrow it, but will noticeably worsen with developmental milestones, teething episodes, viral illness and weaning. *If you are concerned then **always** get your child checked by a member of the medical profession.*

Silent Reflux

Some babies with reflux do not vomit at all. This is actually more of a problem because the acidic stomach contents go up the throat and back down again, causing twice the pain and twice the damage.

There is no clear relationship between symptoms and the severity of reflux. If your child shows one or more of the above symptoms but is otherwise happy and thriving then some simple lifestyle modifications will probably make life better until they outgrow it - 85% of babies outgrow this condition by 18 months of age, 95% by age 2.

Treatment

A GP may offer medication such as Infant Gaviscon. This works in three ways; it thickens the milk making it easier for the baby to cope with, coats the oesophagus all the way down to the stomach and in the stomach it forms a raft over the stomach contents, helping to stop the contents of the stomach from escaping back up the oesophagus. (It can be given when breastfeeding.) Alternatively your child may be referred straight to a paediatrician or gastroenterologist for testing and stronger medication. Information about all reflux medication can be found on www.livingwithreflux.org. Surgery is a last resort, where the stomach sphincter is tightened. However this is not without complications and medication and dietary changes are usually tried first.

Addressing potential food intolerances such as Cow's Milk protein can be very helpful, and if you are formula feeding a hypoallergenic formula may be prescribed.

Simple measures to help your child

- Breastfeeding is definitely best for a baby with reflux because it is more hypoallergenic than formula and is digested twice as fast as formula. It is also great for reflux due to its natural antacid properties. Feed little and often, on demand. Positioning your baby as upright as possible will help. Many babies with reflux struggle with a forceful letdown, there are excellent tips on coping with this and many other breastfeeding issues on www.kellymom.com/bf/index.html
- If you are breastfeeding, try eliminating the foods that can make reflux worse but consult your doctor first. Dairy products are a big offender, as is caffeine, fatty foods, spicy foods, citrus fruits.
- If breastfeeding is not chosen or not possible, formula changes can help some babies. If the baby has a milk or lactose allergy or intolerance giving the baby formula that is milk based can make reflux worse.
- Wind your baby well after each feed, and if necessary between feeds too.
- Never lay your baby down flat, prop the cot up with books at approx 30 degrees (take care they cannot climb out) and always place something under their heads when nappy changing or dressing.
- Keeping babies upright whenever possible helps, slings and carriers are a great way to do this, especially traditional type carriers. Baby walkers and gyms put extra pressure on the stomach sphincter and aggravate reflux. Tight clothes do the same so dress your baby in loose clothing.
- Sucking on a pacifier or dummy, can increase saliva production. Saliva is alkaline which can help neutralize some of the acid that may come up.
- Avoid long spells in car seats. Some car seats position babies so they are slouched over, putting added pressure on their tummies. Look for a car seat that allows baby to be reclined enough that they aren't slouched yet, inclined enough that they are fairly upright.
- If formula feeding try bottles designed to reduce "colic" symptoms and reduce air intake

Further information and support

- Two excellent sites – www.livingwithreflux.org and www.infantrefluxdisease.com . Both have information and discussion forums.
- Your Health Visitor can offer breastfeeding support or contact the NCT enquiry line 0870 444 8707 to find your nearest breastfeeding counsellor, or La Leche League breastfeeding helpline on 0845 120 2918 .
- Real sling/carrier advice can be obtained www.thebabywearer.com
- The Amby baby Hammock is advertised as being helpful for babies with reflux www.ambybaby.com/ although I have never tried one. It can be inclined at 30 degrees.
- www.kellymom.com is the best site I have ever come across for breastfeeding support and advice.